FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of:
DIABETIC EMERGENCIES

Indications

To outline the paramedic care and management of the neonatal/pediatric patient with signs and symptoms of ketoacidosis/hypoglycemia.
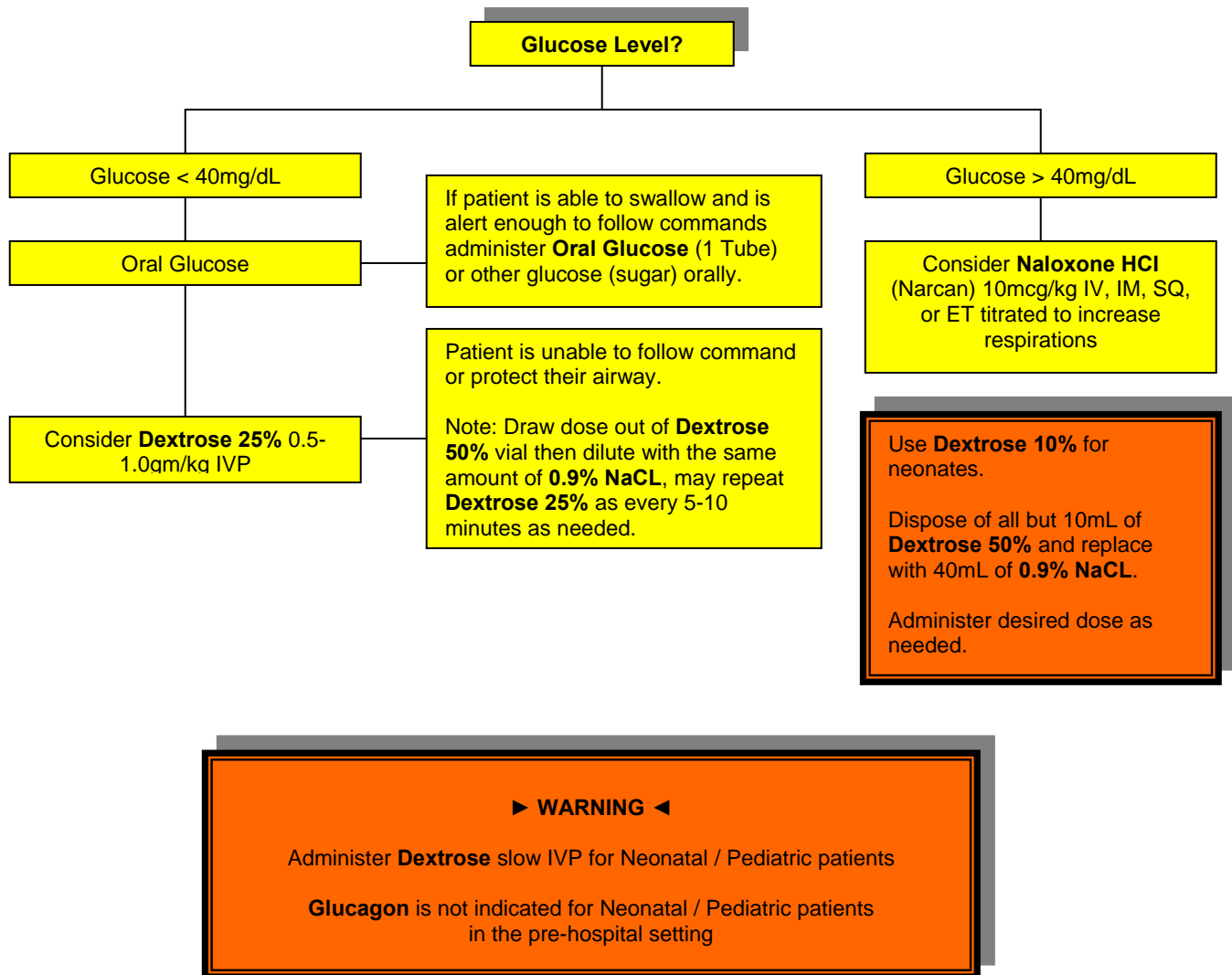
KNOWN HYPERGLYCEMIA

Procedure

1. Secure an airway as outlined in FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Intubate neurologically depressed patient to prevent aspiration.

2. Initiate IV of **0.9%NaCL** and infuse as necessary to maintain normal blood pressure (20mL/kg). Obtain blood sample with IV start and perform glucose test.

3. Prepare Glucometer and blood specimen for field-testing.

4. Perform field glucose test.

5. If initial field glucose test results are greater than 300 mg/dL, repeat the test one time prior to administering an IV fluid bolus for hyperglycemia.

6. If the second glucose test is consistent with the first test, then consider IV fluid bolus of 200mL of **0.9% NaCL**. Contact medical control prior administering more than 200mL of **0.9% NaCL**.

7. If the second glucose test is not consistent with the first test, contact Medical Control for further guidance.

8. In any case if field glucose test results are greater than 300 mg/dL, draw blood to be analyzed by pathology.

9. Monitor cardiac rhythm and treat dysrhythmias as per specific protocol.

10. Transport to appropriate Emergency Department.

11. Contact medical control for further orders as needed.

KNOWN HYPOGLYCEMIA

Procedure

1. Secure an airway as outlined in FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Intubate neurologically depressed patient to prevent aspiration.

2. Initiate IV of **0.9% NaCL** and infuse as necessary to maintain normo-volemia (20mL/kg). Obtain blood sample with IV start and perform glucose test.

3. Prepare Glucometer and blood specimen for field-testing.

4. Perform field glucose test.

5. If initial field glucose test results are less than 50 mg/dL, repeat the test one time prior to administering **Dextrose** for hypoglycemia.

6. If the second glucose test is consistent with the first test and patient shows signs and symptoms of hypoglycemia, then treat IAW with the following guidelines:

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Glucose Level?

Glucose < 40mg/dL

Oral Glucose

If patient is able to swallow and is alert enough to follow commands administer **Oral Glucose** (1 Tube) or other glucose (sugar) orally.

Consider **Dextrose 25%** 0.5-1.0gm/kg IVP

Patient is unable to follow command or protect their airway.

Note: Draw dose out of **Dextrose 50%** vial then dilute with the same amount of **0.9% NaCL**, may repeat **Dextrose 25%** as every 5-10 minutes as needed.

Glucose > 40mg/dL

Consider **Naloxone HCl** (Narcan) 10mcg/kg IV, IM, SQ, or ET titrated to increase respirations

Use **Dextrose 10%** for neonates.

Dispose of all but 10mL of **Dextrose 50%** and replace with 40mL of **0.9% NaCL**.

Administer desired dose as needed.

► **WARNING** ◄

Administer **Dextrose** slow IVP for Neonatal / Pediatric patients

Glucagon is not indicated for Neonatal / Pediatric patients in the pre-hospital setting

7.   If the second glucose test is not consistent with the first test, contact Medical Control for further guidance.

8.   In any case if field glucose test results are less than 50mg/dL, draw blood to be analyzed by pathology.

9.   Monitor cardiac rhythm and threat dysrhythmias as per specific PALS protocol.

10. Monitor patient for improvement.

11. If no improvement in patient level of consciousness contact Medical Control prior to the administration of additional **Dextrose**.

12. Transport to appropriate Emergency Department.

13. Contact Medical Control for further orders as needed.

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General Guidelines

1.   Repeat field glucose testing procedures within 5 minutes after each administration of **Dextrose**.

2.   "Download" Glucometer patient information and test results into the patient's electronic patient record *(CHCS/CHCS-2)* after each ambulance call/EMS patient contact.

3.   Monitor patient for multi-system complications/illnesses and treat IAW the appropriate FLWEMS Paramedic Neonatal & Pediatric patient care/management protocol.

4.   Transport to the appropriate Emergency Department.

5.   Contact medical control for further orders as needed.

CAIRA/Chemical Surety Considerations
None

Triage Considerations
Refer to S.T.A.R.T. Triage Protocol

END OF SOP – NOTHING FOLLOWS